

# F20000005489

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

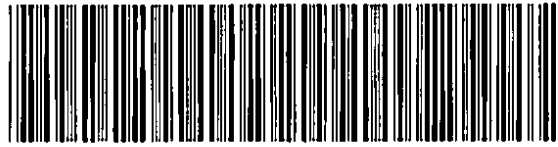
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2020 DEC -8 PM 3:51  
OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2020 DEC -8 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 8 2020  
K Brumbley

**CORPORATE  
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**FOREIGN CORP**

**HEALTHCARE TRAVELINK CORP**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

HEALTHCARE TRAVELINK CORP

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

DELAWARE

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

09/08/2020

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1541 West Cypress Creek Road Fort Lauderdale Florida 33309

7. \_\_\_\_\_  
(Principal office address)

POB 5141 Fort Lauderdale Florida 33310

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach 33408  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

FILED  
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ST. JOHNS COUNTY  
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I  
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my  
duties, and I am familiar with and accept the obligations of my position as registered agent.*

Giana Peralta, Special Secretary  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to  
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction  
under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Tambralynn Peasha  
70 Taft Court Sterling MA 01564  
Address:

Vice Chairman: Tambralynn Peasha  
70 Taft Court Sterling MA 01564  
Address:

Director: Tambralynn Peasha  
70 Taft Court Sterling MA 01564  
Address:

Director:  
Address:

B. OFFICERS

President: Tambralynn Peasha  
70 Taft Court Sterling MA 01564  
Address:

Vice President: Tambralynn Peasha  
70 Taft Court Sterling MA 01564  
Address:

Secretary: Tambralynn Peasha  
70 Taft Court Sterling MA 01564  
Address:

Treasurer: Tambralynn Peasha  
70 Taft Court Sterling MA 01564  
Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Tambralynn Peasha  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Tambralynn Peasha - President  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE TRAVELINK CORP" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHCARE TRAVELINK CORP" WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

3610436 8300

SR# 20208450689

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204123943

Date: 11-19-20